DELINEATION OF CLINICAL PRIVILEGES - THORACIC SURGERY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

GENERAL: Thoracic surgical privileges involve pre-operative preparation, surgical management, and post-operative care of patients with diseases of the chest wall, lung, trachea, esophagus, mediastinum, and diaphragm. In addition, this includes the total management of trauma of the thorax and its associated structures.

NOTE: This document is to be used in conjunction with DA Form 5440-13, Delineation of Clinical Privileges - General Surgery.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Requested	Approved		Requested	Approved	
		ENDOSCOPY			**CHEST WALL**
		a. Bronchoscopy (flexible, rigid)			a. Resection of tumor
		b. Esopgagoscopy (flexible, rigid)			b. Thoracoplasty
		c. Laryngoscopy (direct, indirect)			c. Resection of first rib - thoracic outlet syndrome
		d. Mediastinoscopy (direct, video assisted)			d. Resection of rib(s) - tumor
		e. Thoracoscopy (direct, video assisted)			e. Resection of rib and drainage - Eloesser flap
		f. Esophagogastroduodenoscopy (EGD)			f. Repair of chest wall deformity (pectus excavatum, carinatum)
		g. Colonoscopy			g. Open reduction, internal fixation of sternal fracture
		h. Sigmoidoscopy			h. Sternal debridement and rewiring
					i. Sternal resection (partial or complete, with primary or secondary closure, with or without pectoralis muscle advancement)
		MINOR PROCEDURES			
		a. Thoracentesis			**TRACHEA**
		b. Tube thoracotomy			a. Repair trachea/ bronchus - trauma
		c. Pleural biopsy (closed, open)			b. Repair tracheoesophageal fistula
		d. Lymph node biopsy			c. Resection for tumor
		e. Tracheotomy			
		f. Needle biopsy - lung			**MEDIASTINUM**
		g. Insertion of esophageal bypass tube			a. Cervical mediastinotomy
		h. Drainage of lung abscess			b. Anterior mediastinostomy
		i. Esophageal dilatation			c. Thymectomy
					d. Excision of mediastinal tumors
		LUNGS			e. Pericardial window
		a. Thoracotomy			
		b. Pleurectomy/ pleurodesis			**ESOPHAGUS**
		c. Wedge resection			a. Repair of esophageal trauma/ perforation
		d. Segmental resection			b. Ligation of varices
		e. Lobectomy			c. Esophageal anti-reflux procedures (intra/ extra-thoracic)
		f. Pneumonectomy			
		g. Reduction pneumoplasty			
		h. Decortication			

Requested	Approved	ESOPHAGUS *(Continued)*
		d. Esophagostomy
		e. Esophageal diverticulectomy (intra/ extra-thoracic)
		f. Esophagectomy
		g. Esophagogastrostomy
		h. Esophageal bypass or replacement (colon/ small intestine)

Requested	Approved	DIAPHRAGM
		a. Repair esophageal and paraesophageal hiatial hernia (intra/ extra-thoracic)
		b. Plication/ resection/ repair diaphragmatic hernias/ rupture/ tumor
		c. Insertion of diaphragmatic pacer

LASER PRIVILEGES

Requests for laser privileges may require the attendance at a formal laser training program(s), supporting documentation of training and experience, acknowledgement of receipt of the MTF laser policy and procedural guidance, and review and approval by appropriate MTF personnel with oversight responsibility for laser therapy. The necessary documentation in support of this request is attached.

Requested						
ARGON	ND:YAG	CO2				Approved
					a. Restoration of airway patency	
					b. Treatment of pulmonary tumor	
					c. Other *(Specify)*	

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - THORACIC SURGERY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	ENDOSCOPY			
	a. Bronchoscopy (flexible, rigid)			
	b. Esopgagoscopy (flexible, rigid)			
	c. Laryngoscopy (direct, indirect)			
	d. Mediastinoscopy (direct, video assisted)			
	e. Thoracoscopy (direct, video assisted)			
	f. Esophagogastroduodenoscopy (EGD)			
	g. Colonoscopy			
	h. Sigmoidoscopy			
	MINOR PROCEDURES			
	a. Thoracentesis			
	b. Tube thoracotomy			
	c. Pleural biopsy (closed, open)			
	d. Lymph node biopsy			
	e. Tracheotomy			
	f. Needle biopsy - lung			
	g. Insertion of esophageal bypass tube			
	h. Drainage of lung abscess			
	i. Esophageal dilatation			
	LUNGS			
	a. Thoracotomy			
	b. Pleurectomy/ pleurodesis			
	c. Wedge resection			
	d. Segmental resection			
	e. Lobectomy			
	f. Pneumonectomy			
	g. Reduction pneumoplasty			
	h. Decortication			
	CHEST WALL			
	a. Resection of tumor			
	b. Thoracoplasty			
	c. Resection of first rib - thoracic outlet syndrome			
	d. Resection of rib(s) - tumor			
	e. Resection of rib and drainage - Eloesser flap			

CODE	CHEST WALL *(Continued)*	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	f. Repair of chest wall deformity (pectus excavatum, carinatum)			
	g. Open reduction, internal fixation of sternal fracture			
	h. Sternal debridement and rewiring			
	i. Sternal resection (partial or complete, with primary or secondary closure, with or without pectoralis muscle advancement)			
	TRACHEA			
	a. Repair trachea/ bronchus - trauma			
	b. Repair tracheoesophageal fistula			
	c. Resection for tumor			
	MEDIASTINUM			
	a. Cervical mediastinotomy			
	b. Anterior mediastinostomy			
	c. Thymectomy			
	d. Excision of mediastinal tumors			
	e. Pericardial window			
	ESOPHAGUS			
	a. Repair of esophageal trauma/ perforation			
	b. Ligation of varices			
	c. Esophageal anti-reflux procedures (intra/extra-thoracic)			
	d. Esophagostomy			
	e. Esophageal diverticulectomy (intra/extra-thoracic)			
	f. Esophagectomy			
	g. Esophagogastrostomy			
	h. Esophageal bypass or replacement (colon/small intestine)			
	DIAPHRAGM			
	a. Repair esophageal and paraesophageal hiatial hernia (intra/ extra-thoracic)			
	b. Plication/ resection/ repair diaphragmatic hernias/ rupture/ tumor			
	c. Insertion of diaphragmatic pacer			
	LASER PRIVILEGES			
	a. Restoration of airway patency			
	b. Treatment of pulmonary tumor			
	c. Other *(Specify)*			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*